

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38212**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **242** PRIMARY REG. DIST. NO. **4362** Registrar's No. **56**

720  
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Morehouse</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Morehouse</b>	
c. LENGTH OF STAY (In this place) <b>2yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jess</b> b. (Middle) <b>Louis</b> c. (Last) <b>Fauller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 30. 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July, 24, 1877</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Greenup, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Flvis Fauller</b>	13b. MOTHER'S MAIDEN NAME <b>May Alice Busby</b>	14. NAME OF HUSBAND OR WIFE <b>Poly Ann Fauller</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Polly Ann Fauller, Morehouse, MO.</b>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>LABOR NEURMANIA</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>490X</b>

22. I hereby certify that I attended the deceased from **Nov. 16, 1951**, to **Nov. 30, 1951**, that I last saw the deceased alive on **Nov. 29, 1951**, and that death occurred at **2:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Brandon</b>	23b. ADDRESS <b>Morehouse, Mo.</b>	23c. DATE SIGNED <b>11-30-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 2. 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>

DATE REC'D BY LOCAL REG. <b>12-6-51</b>	REGISTRAR'S SIGNATURE <b>Thomas M. Sheeter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Service</b>	ADDRESS <b>Dexter, Mo.</b>
---	--	---	----------------------------

RECEIVED

DEC 8 - 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Walter Marsh Watkins*

Signed.....

Student Embalmer

Licensed Embalmer No. 4717

P. O. Address *Seaton Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.